Tickets Provided by
Agency Report

County of Los Angeles

Board of Supervisors - First District

500 West Temple Street, Suite 856, Los Angeles, CA 90012

(213) 974-4111
Molina@lacbos.org

Joanie Paul - Ticket Administrator

2. Event For Which Tickets Were Distributed

Date(s) of Event: 04/17/10
Description of Event: Dodger Game

04/30/10
Face Value of Ticket: $50.00

Agency Event: No

Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles Dodgers

Number of Tickets Received: 6
Ticket(s) Provided to Agency: Gratuitously

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official, Number of Tickets, State Whether the Distribution is Income to the Official or (Last, First) Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Gloria Molina

Name of Individual or Organization: Various Foster Youth - See Attachment A
Number of Tickets: 6

Description of Organization: Los Angeles County Department of Children and Family Services

Address of Organization: 4024 North Durfee Avenue, Room 210-6, El Monte, CA 91732

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) See Attachment A

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 19944.1.

Joanie Paul
Ticket Administrator
06/29/10

Signature of Agency Head or Designee
Print Name
Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
# LOS ANGELES DODGER TICKETS
## FOR APRIL 2010

### ATTACHMENT A

<table>
<thead>
<tr>
<th>Date</th>
<th>Category</th>
<th>Quantity</th>
<th>Confidentiality</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/17/10</td>
<td>LA County Foster Youth</td>
<td>1</td>
<td>Confidential</td>
<td>5.3 h) Promoting public and private facilities available for County resident use.</td>
</tr>
<tr>
<td></td>
<td>Foster Parent / Caregiver</td>
<td>1</td>
<td>Confidential</td>
<td>5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.</td>
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**Total of Tickets** 6
1. Agency Name
Los Angeles County

Division, Department, or Region (if applicable)
Board of Supervisors - First District

Street Address
500 West Temple Street, Suite 656, Los Angeles, CA 90012

Area Code/Phone Number E-mail
(213) 974-4111 Molina@lacbos.org

Agency Contact (name and title)
Joanie Paul - Ticket Administrator

Date Stamp

2. Event For Which Tickets Were Distributed
Date(s) of Event: 04/13/10 Description of Event: Dodger Game

Agency Event □ Yes □ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles Dodgers

Number of Tickets Received: 2 Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (Use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Luftig Viste</td>
<td>2</td>
<td>Retaining Qualified County Employees</td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: ________________________________________________

Name of Individual or Organization: ________________________________________________ Number of Tickets: __________

Description of Organization: ______________________________________________________

Address of Organization: ____________________________________________________________

Number and Street  City  State  Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) ____________________________________________________________

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee: ____________________________________________

Print Name: Joanie Paul  Title: Ticket Administrator  Date: 06/29/10 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

1. Agency Name
   Los Angeles County
   Division, Department, or Region (if applicable)
   Board of Supervisors - First District

   Street Address
   500 West Temple Street, Suite 856, Los Angeles, CA 90012

   Area Code/Phone Number  E-mail
   (213) 974-4111  Molina@lacos.org

   Agency Contact (name and title)
   Joanie Paul - Ticket Administrator

   Amendment (Must explain in Part 5.)
   Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 02/14/10
   Description of Event: Renoir In The 20th Century Exhibit
   Face Value of Ticket: $17.00
   Agency Event: ☑ Yes  ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency:
   Los Angeles County Museum of Art

   Number of Tickets Received: 26
   Ticket(s) Provided to Agency: ☑ Gratuitously  ☐ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official, (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Supervisor Gloria Molina
   Name of Individual or Organization: Los Angeles County Foster Youth - See Att. A
   Description of Organization: Los Angeles County Department of Children and Family Services
   Address of Organization: 4024 North Durfee Avenue
   Number of Tickets: 26
   Number and Street  City  State  Zip Code
   El Monte  CA  91732

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   See Attachment A

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 19444.1.
   Signature of Agency Head or Designee: Joanie Paul
   Print Name  Title
   Signature Print Name
   Date: 07/07/10
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

   FPPC Form 802 (Feb/09)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
<table>
<thead>
<tr>
<th>Purpose of Distribution</th>
<th>Ticket</th>
<th>Event Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

 TICKETS VALID: FEBRUARY 14 - MAY 9, 2010

LACMA - RENOIR IN THE 20TH CENTURY EXHIBIT
**Tickets Provided by Agency Report**

1. **Agency Name**
   - Los Angeles County

   **Division, Department, or Region (If applicable)**
   - Board of Supervisors - First District

   **Street Address**
   - 500 West Temple Street, Suite 856, Los Angeles, CA 90012

   **Area Code/Phone Number**
   - (213) 974-4111

   **E-mail**
   - Molina@lacbos.org

   **Agency Contact (name and title)**
   - Joanie Paul - Ticket Administrator

2. **Event For Which Tickets Were Distributed**
   - **Date(s) of Event:**
     - 02/28/10
     - 05/23/10

   **Description of Event:**
   - American Stories: Paintings of Everyday Life Exhibit

   **Face Value of Ticket:**
   - $17.00

   **Agency Event:**
   - Yes

   **Identify source of tickets below:**
   - No

   **Name of Outside Source of Ticket(s) Provided to Agency:**
   - Los Angeles County Museum of Art

   **Number of Tickets Received:**
   - 26

   **Ticket(s) Provided to Agency:**
   - Gratuitously

3. **Agency Official(s) Receiving Ticket(s)**
   (Use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official:</th>
<th>Number of Tickets</th>
<th>STATE Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</table>

4. **Individual or Organization Receiving Ticket(s)**
   (Provided at the behest of an agency official.)

   **Name of Behesting Agency Official:**
   - Supervisor Gloria Molina

   **Name of Individual or Organization:**
   - Los Angeles County Foster Youth - See Att. A

   **Number of Tickets:**
   - 26

   **Description of Organization:**
   - Los Angeles County Department of Children and Family Services

   **Address of Organization:**
   - 4024 North Durfee Avenue
     - EL MONTE
     - CA
     - 91732

   **Purpose for Distribution:**
   - (Describe the public purpose for the distribution to the organization.)

   **See Attachment A**

5. **Verification**
   - I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 19944.1.

   **Signature of Agency Head or Designee:**
   - Joanie Paul

   **Print Name:**
   - Ticket Administrator

   **Title:**
   - 07/07/10

   **(month, day, year)**

   **Comment:**
   - (Use this space or an attachment for any additional information including amendment explanation.)

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FPPC Form 802 (Feb/09)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
<table>
<thead>
<tr>
<th>Purpose of Distribution</th>
<th>Address</th>
<th># of Tickets</th>
<th>Value of Each Ticket</th>
<th>Name of Event</th>
</tr>
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<tbody>
<tr>
<td>5.3</td>
<td>Promoting public and private facilities available for County resident use.</td>
<td>Confidential</td>
<td>2</td>
<td>$17.00</td>
</tr>
<tr>
<td>5.3</td>
<td>Promoting public and private facilities available for County resident use.</td>
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**TOTAL TICKETS**

**La CMA - AMERICAN STORIES: PAINTINGS OF EVERYDAY LIFE, 1765-1915 EXHIBIT**

**Tickets Valid: February 28 - May 23, 2010**

LA COUNTY FOSTER YOUTH

Foster Parent / Caregiver

02/28/10 - 05/23/10

VALID

Foster Parent / Caregiver

02/28/10 - 05/23/10

VALID
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
   Los Angeles County

Division, Department, or Region (if applicable)
Board of Supervisors - First District

Street Address
500 West Temple Street, Suite 856, Los Angeles, CA 90012

Area Code/Phone Number  E-mail
(213) 974-4111    Molina@lacbos.org

Agency Contact (name and title)
Joanie Paul - Ticket Administrator

☐ Amendment  (Must explain in Part 5.)

Date of Original Filing:  (month, day, year)

2. Event For Which Tickets Were Distributed

Date(s) of Event:  06/04/10
Description of Event:  Dodger Game

Date(s) of Event:  06/12/10
Description of Event:  
Face Value of Ticket:  $80.00

Agency Event  ☑ Yes  ☐ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency:
Los Angeles Dodgers

Number of Tickets Received:  10
Ticket(s) Provided to Agency:  ☑ Gratuitously  ☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s)  (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
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4. Individual or Organization Receiving Ticket(s)  (Provided at the behest of an agency official.)

Name of Behesting Agency Official:  Supervisor Gloria Molina

Name of Individual or Organization:  Los Angeles County Foster Youth - See Att. A
Number of Tickets:  26

Description of Organization:
Los Angeles County Department of Children and Family Services

Address of Organization:
4024 North Durfee Avenue  El Monte  CA  91732

Purpose for Distribution:  (Describe the public purpose for the distribution to the organization.)
See Attachment A

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Joanie Paul  Ticket Administrator  07/07/10

Signature of Agency Head or Designee  Print Name  Title  (month, day, year)

Comment:  (Use this space or an attachment for any additional information including amendment explanation.)
# LOS ANGELES DODGER TICKETS
## FOR JUNE 2010

<table>
<thead>
<tr>
<th>Date</th>
<th>Ticket Type</th>
<th>Tickets</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/04/10</td>
<td>LA County Foster Youth Foster Parent / Caregiver</td>
<td>1</td>
<td>Confidential 5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.</td>
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<tr>
<td>06/05/10</td>
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<tr>
<td>06/06/10</td>
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**TOTAL OF TICKETS** 10
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
   Los Angeles County

Division, Department, or Region (if applicable)
   Board of Supervisors - First District

Street Address
   500 West Temple Street, Suite 856, Los Angeles, CA 90012

Area Code/Phone Number
   (213) 974-4111

E-mail
   Molina@lacbos.org

Agency Contact (name and title)
   Joanie Paul - Ticket Administrator

Date Stamp

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/04/10
   Description of Event: Dodger Game
   Face Value of Ticket: $30.00

   Date(s) of Event: 06/12/10

Agency Event
   □ Yes     ☑ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency:
   Los Angeles Dodgers

Number of Tickets Received: 10
   Ticket(s) Provided to Agency: ☑ Gratuitously    □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official
   Number of Tickets
   State Whether the Distribution is Income to the Official or
   Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official:
   Supervisor Gloria Molina

   Name of Individual or Organization:
   Los Angeles County Foster Youth - See Att. A

   Number of Tickets: 10

Description of Organization:
   Los Angeles County Department of Children and Family Services

Address of Organization:
   4024 North Durfee Avenue
   El Monte
   CA
   91732

Number and Street
   City
   State
   Zip Code

Purpose for Distribution:
   (Describe the public purpose for the distribution to the organization.)
   See Attachment A

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Authorizing Official:
   Joanie Paul
   Title: Ticket Administrator
   Date: 07/07/10

Signature of Agency Head or Designee
   Print Name
   Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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**TOTAL OF TICKETS**  10